



## Kentucky Board of Nursing

www.kbn.ky.gov

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### Academic Performance Evaluation

Participant Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

☐ KARE for Nurses Program

☐ Probation

Faculty/Clinical Preceptor Name \_\_\_\_\_ Title \_\_\_\_\_

Program of Nursing \_\_\_\_\_ Phone \_\_\_\_\_

Evaluation for the period of \_\_\_\_\_

WORK HABITS	RATING Excellent – Poor	COMMENTS
Completes Assignments	5 4 3 2 1	
Handles Complex Tasks	5 4 3 2 1	
Attendance/Punctuality	5 4 3 2 1	
THOUGHT PROCESS	RATING Excellent – Poor	COMMENTS
Functions Independently	5 4 3 2 1	
Uses Logical Steps in Planning Care	5 4 3 2 1	
INTERPERSONAL SKILLS	RATING Excellent – Poor	COMMENTS
Works as a Team Member	5 4 3 2 1	
Effectively Communicates	5 4 3 2 1	
URINE DRUG SCREENS/BLOOD ALCOHOL LEVELS		YES NO
Have screens been performed? (If yes, attach results)		
Has any job related behavior warranted requesting a screen? (Explain below)		

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty/Clinical Preceptor Signature

\_\_\_\_\_  
Date